

<b>POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number:</b>		10/511,882	
	<b>Filing Date:</b>		October 19, 2004	
	<b>First Named Inventor:</b>		Bodo Kuklinski	
	<b>Art Unit:</b>		1657	
	<b>Examiner Name:</b>		SCHUBERG, LAURA J.	
	<b>Attorney Docket Number:</b>		SONN:057US	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

SIGNATURE OF APPLICANT OR RECORD			
Signature	 <b>ERNST MARTINAK</b> Ernährungsmedizinische Forschungs GmbH A-5585 Unternberg, Moosham 29 Tel.: +43/(0)6476/805-548 Fax: +43/(0)6476/805-555		
Name and Title	ROBERT FUCHS		
Company	Nutropia Ernährungsmedizinische Forschungs GmbH	Telephone	
Date	18.11.2010		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 form(s) are submitted.